Office of the: Director, State Institute of Health & Family Welfare, U.P.

No.: sans.-stha/(chayan)/1034/2016-17/156-1 Dated: 13 January,2021

Advertisement

In the light of the U.P. Government order no 337/5-10-16-16/vi.sa/01, Dated15-07-2016 of Chikitsa Anubhag -10, Applications are invited for the following temporary post, whose details and pay scale are mentioned against them,on the basis of deputation/transfer of service:

s.n.	Name of the Post		Number	Eligibility		Pay Scale		
1	Warden	(Deputation	01	Working	on	Rs. 930	0-348	+00
	/Transfer of	service)		similar post	Grade	Pay	Rs.	
						4200		

Important Instructions:

- 1- Applicant should be working on the similar post and pay scale in government service and his application should be forwarded bycompetent authority. It would be essential to produce No Objection Certificate at the time of interview.
- 2- The applications should reach the office of Officer In Charge, Establishment, State Institute of Health & Family Welfare, U.P., C Block, Indira Nagar(Opposite Eram Degree College), Lucknow-226016, The last date of the receipt of application is 05.02.2021(6.00 PM) by registered/speed post. No application would be entertained after this date.
- 3- It is essential to mention clearly the advertisement and the name of the post applied.
- 4- The application should be on the prescribed format and on thick full scale paper.
- 5- It is essential to attach a self addressed (with pin code) envelope with Rs.41 stamps.
- 6- The above mentioned appointment would be made on the basis of deputation/ transfer of service.
- 7- The appointment to the advertised post would be done by a selection committee under the chairmanship of a competent authority. The Selection committee would consider the general eligibility of the applicants and select on the basis of interview.

(Dr.Pooja Pandey)

IAS

Director

Application form for appointment on Deputation/ Transfer of Service

Name of the Post Applied For :			Advertisement No								
Name of Applicant(In Devnagri)				:							
	In En	glish(Capit	al Letters)	:							
		e of Father	r/Husband	:							
	2. Date of Birth										
	3. Age(As on 01.01.2021)										
	4. Marital Status										
5. Nationality			:								
6. Category : SC/ST/OBC/General			:								
/.	Perm	nanent Ado	iress			•••••	• • • • • • • • • • • • • • • • • • • •				
8. Address for Correspondence :											
9.	Pers	onal e mail	id and Mobile No).:							
10. Educational Qualification :											
	(Starting from Details of matriculation, Passed Examination and Diploma/Degree										
and Technical Qualification, Ma											
	S.N.	Name of Exam Passed	Name of the Board/University	Year	Subjects	Out of	Marks Secured	%age	Division		
	1	2	3	4	5	6	7	8	9		
12 13 14 15 16	. Nam . Nam . Pay S . Pay S . Date	e of the Su e of the Pr Scale and G Scale and G of Substar	epartment/Office bstantive Post on esent Post Grade Pay of the P Grade Pay of the A ntive Appointmen	which A cost on w pplicant t of app	Appointme which work thich work thicant on the	ent was sing : nt : he post	made : working o	 			
Declaration											

I hereby declare that all the details mentioned above are complete and correct I have well understood the directions given in the advertisement and I do not have any objection in following them, and if at any time it is found that any of the information is wrong or incorrect then action may be taken against me and I am bound to accept the decision of the employer.

Sig	nature of the Applicant
Name & Date.	